

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Rab for Congress Committee

ADDRESS (number and street)

17015 Ventura Blvd

Campaign Section

Check if different
than previously
reported. (ACC)

Encino

CA

91316

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00581058

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

30

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Aejaaz (Raji) Rab

Signature of Treasurer

Aejaaz (Raji) Rab

[Electronically Filed]

Date

M M / D D / Y Y Y Y

05

D D / Y Y Y Y

24

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

Write or Type Committee Name

Rab for Congress Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	11000.00	35001.00
(b) Total Contribution Refunds (from Line 20(d))	2500.00	3500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8500.00	31501.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26977.50	36306.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	26977.50	36306.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	41328.99	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	55000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

Rab for Congress Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

11000.00

32301.00

(ii) Unitemized.....

0.00

2700.00

(iii) TOTAL of contributions from individuals ▶

11000.00

35001.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

11000.00

35001.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

55000.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

55000.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

66000.00

35001.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26977.50	36306.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2500.00	3500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500.00	3500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29477.50	39806.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4806.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	66000.00
25. SUBTOTAL (add Line 23 and Line 24).....	70806.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29477.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41328.99

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

A. Harbhajan Gagneja

Mailing Address 10535 Remmet Ave

City

Chatsworth

State

CA

Zip Code

91311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not applicable

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2016

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Satnam Kaur

Mailing Address 4261 Florence St

City

Simi Valley

State

CA

Zip Code

93063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Simi Valley Hospital

Occupation

Certified Nursing Assistant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2016

Transaction ID : SA11AI.4193

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bharat Patel

Mailing Address 3148 Fond Dr

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beverly Surgery Center

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2016

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

Shayan Rab

Mailing Address 16350 Ventura Blvd #220

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2016

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Baljit Singh

Mailing Address 19908 Roscoe Blvd

City

Winnetka

State

CA

Zip Code

91306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delhi Palace

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

11000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

Aejaz (Raji) Rab

Mailing Address 17015 Ventura Blvd

Campaign Section

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C H4CA30123

Name of Employer
USA Expedition Inc.

Occupation
Admin

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA13A.4218

Amount of Each Receipt this Period

10000.00

☐ Memo Item
Loan

Full Name (Last, First, Middle Initial)

B. Aejaz (Raji) Rab

Mailing Address 17015 Ventura Blvd

Campaign Section

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C H4CA30123

Name of Employer
USA Expedition Inc.

Occupation
Admin

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

55000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA13A.4219

Amount of Each Receipt this Period

45000.00

☐ Memo Item
Loan

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

55000.00

TOTAL This Period (last page this line number only).....

55000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

A. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2016

City	State	Zip Code
Encino	CA	91316

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Rent for January 2016

001

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4200**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2016

City	State	Zip Code
Encino	CA	91316

Amount of Each Disbursement this Period

3600.00

Purpose of Disbursement
Campaign Posters Calendar 2016

006

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4201**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2016

City	State	Zip Code
Encino	CA	91316

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Rent for February 2016

001

Candidate Name

Category/
Type☐ Memo Item**Transaction ID : SB17.4202**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

A. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

City	State	Zip Code
Encino	CA	91316

Purpose of Disbursement
Television Campaign Advertisement

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2016

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Transaction ID : SB17.4204

B. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

City	State	Zip Code
Encino	CA	91316

Purpose of Disbursement
Magazine Campaign Advertisement

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2016

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Transaction ID : SB17.4205

C. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

City	State	Zip Code
Encino	CA	91316

Purpose of Disbursement
Campaign Posters Calendar 2016

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2016

Amount of Each Disbursement this Period

3600.00

☐ Memo Item

Transaction ID : SB17.4209

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

A. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

City	State	Zip Code
Encino	CA	91316

Purpose of Disbursement
Television Campaign Advertisement

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2016

Amount of Each Disbursement this Period

3800.00

☐ Memo Item

Transaction ID : SB17.4211

B. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

City	State	Zip Code
Encino	CA	91316

Purpose of Disbursement
Rent for March 2016

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : SB17.4212

C. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

City	State	Zip Code
Encino	CA	91316

Purpose of Disbursement
Campaign Banners

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2016

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Transaction ID : SB17.4214

SUBTOTAL of Disbursements This Page (optional).....

7100.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

A. USA Expedition Inc

Mailing Address 17015 Ventura Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2016

City	State	Zip Code
Encino	CA	91316

Amount of Each Disbursement this Period

Purpose of Disbursement
Campaign Lawn Signs

006

4995.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.4215

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4995.00

26795.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rab for Congress Committee

Full Name (Last, First, Middle Initial)

A. Kirpal Enterprises Inc

Mailing Address 16915 Devonshire St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2016

City	State	Zip Code
Granada Hills	CA	91344

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution refund

010

2500.00

Candidate Name

☐ Memo Item

Transaction ID : SB20A.4227

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

2500.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4218

Rab for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Aejaz (Raji) Rab

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
17015 Ventura Blvd
Campaign Section

City	State	ZIP Code
Encino	CA	91316

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 11 / 2016

Date Due

M M / D D / Y Y Y Y
02/11/2017

Interest Rate

9.90 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4219

Rab for Congress Committee

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Aejaz (Raji) Rab

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
17015 Ventura Blvd
Campaign Section

City	State	ZIP Code
Encino	CA	91316

Original Amount of Loan

45000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 24 / 2016

Date Due

M M / D D / Y Y Y Y
03/24/2017

Interest Rate

9.90 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City	State	ZIP Code
------	-------	----------

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

45000.00

TOTALS This Period (last page in this line only)..... ►

55000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.